

ETHICS REGISTRATION
CAMPAIGN FINANCE
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LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

ORIGINAL REPORT

This Report Covers Calendar Year: 2011

AMENDED REPORT

I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE E.

Name of Filer (print full name) Brent Dennis Robbins
Mailing Address 14440 Hwy 1077
City, State, Zip Folsom LA 70437

Name of Board/Commission (no abbreviations): Deputy Commissioner - Louisiana Department of Agriculture & Forestry
Date of Appointment: 01/09/2012
Date Appointment Expires: 01/11/2016

Name of Spouse (print full name) Sandra Elizabeth Robbins
Spouse's Occupation Veterinarian
Principal Business Address 14440 Hwy 1077
City, State, Zip Folsom LA 70437

CHECK ONE:

- Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.
- I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

Check all that apply:

- I have filed my state income tax return for the previous year.
- I have filed for an extension of my state income tax return for the previous year.
- I have filed my federal income tax return for the previous year.
- I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification of Accuracy

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.


Signature of Filer

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Schedule A: Employment Information

Check if not applicable

Filer Spouse Full-Time Part-Time

Name of Employer: LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

Job Title: DEPUTY COMMISSIONER/STATE VETERINARIAN

Job Description: MANAGE OPERATIONS AND EMPLOYEES OF LDAF

Filer Spouse Full-Time Part-Time

Name of Employer: SELF EMPLOYED/CONTRACTED WITH ST. TAMMANY PARISH GOVERNMENT

Job Title: SHELTER VETERINARIAN (contract)

Job Description: VETERINARIAN FOR PARISH SHELTER

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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Schedule B: Income from the State, Political

Subdivisions, and/or Gaming Interests

Check if not applicable

Filer Spouse Business (where amount of interest exceeds 10%)
Type of Income: State Political Subdivision Gaming Interest
Name of Business (if applicable): LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
Name of Income Source: SALARY
Address: P O BOX 631
City, State, Zip: BATON ROUGE, LA 70821-0631
Amount of Income (exact dollar amount): \$ 106,798.72

Filer Spouse Business (where amount of interest exceeds 10%)
Type of Income: State Political Subdivision Gaming Interest
Name of Business (if applicable): ROBBINS VETERINARY SERVICE/CONTRACTED WITH ST. TAMMANY
Name of Income Source: HOURLY WAGES
Address: 21490 KOOP DRIVE
City, State, Zip: MANDEVILLE, LA 70471
Amount of Income (exact dollar amount): \$ 93,336.00

Filer Spouse Business (where amount of interest exceeds 10%)
Type of Income: State Political Subdivision Gaming Interest
Name of Business (if applicable): _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.
**"Income" (for a business) means gross income less costs of goods sold, and operating expenses.
* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
* The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.

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Schedule C: Positions - Business

Check if not applicable

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule D: Positions - Nonprofit

Check if not applicable

Filer Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

Filer Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

Filer Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

***You are required to complete SCHEDULE D if you or your spouse is a director or officer of a nonprofit agency.**

Revised June 2011

Form 417

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Schedule E: Other Offices/Positions Held

Check if not applicable

Name of Office/Position:	<u>LOUISIANA EGG COMMISSION/COMMISSIONER'S DESIGNEE OR REPRESENTATIVE</u>
Name of Office/Position:	<u>LIVESTOCK BRAND COMMISSION/COMMISSIONER'S DESIGNEE OR REPRESENTATIVE</u>
Name of Office/Position:	<u>AQUATEC CHELONIAN RESEARCH & PROMOTION BOARD/COMMISSIONER'S DESIGNEE OR REPRESENTATIVE</u>
Name of Office/Position:	<u>AQUACULTURE COORDINATION COUNCIL/COMMISSIONER'S DESIGNEE OR REPRESENTATIVE</u>
Name of Office/Position:	<u>LOUISIANA BOARD OF ANIMAL HEALTH/COMMISSIONER'S DESIGNEE OR REPRESENTATIVE</u>
Name of Office/Position:	<u>LOUISIANA EMERGENCY RESPONSE COMMITTEE/COMMISSIONER'S DESIGNEE OR REPRESENTATIVE</u>
Name of Office/Position:	<u>LOUISIANA BEEF INDUSTRY COUNCIL/COMMISSIONER'S DESIGNEE OR REPRESENTATIVE</u>
Name of Office/Position:	<u>INFORMATION TECHNOLOGY ADVISORY BOARD/COMMISSIONER'S DESIGNEE OR REPRESENTATIVE</u>
Name of Office/Position:	_____
Name of Office/Position:	_____

*You are required to complete SCHEDULE E if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.3.

Revised June 2011

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Schedule F: Contributions

Check if not applicable (made within one year of appointment - in excess of \$1,000)

Date of Appointment: 01/09/12
Compensation: \$ 108,000.00
Candidate Name: MIKE STRAIN DVM
Amount of Contribution or Loan: \$ 2000.00

Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____

Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____

Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____

Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____

* You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution or loan in excess of \$1,000 to the campaign of the official who appointed you.

* You are only required to disclose contributions or loans made within one year of appointment.

* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.